

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
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10						
11						
12						
13						
14						
15						
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17						
18	1					
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	23	←	↓	←	↓	←
TOTAL CLAIMS	25	████████	████████	████████	████████	████████

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←	↓	←	↓	←
TOTAL CLAIMS	████████	████████	████████	████████	████████	████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS